

A. SUDWEEKS, JAY D
P.O. Box 1846
Twin Falls, ID 83301

Trustee: LD FITZGERALD
P.O. Box 6199
Pocatello, ID 83205

B10 (Official Form 10) (4/98)

CH 13

UNITED STATES BANKRUPTCY COURT <u>Boise</u> District of <u> </u> ID <u> </u>		PROOF OF CLAIM												
Name of Debtor: TATYANA PANIOUCHKINE AND VLADIMIR PANIOUCHKINE		Case Number 9941879												
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed to 11 U.S.C. § 503.														
Name of Creditor (The person or other entity to whom the debtor owes money or property.) Greenwood Trust Company		<div>UNITED STATES COURTS DISTRICT OF IDAHO DEPT. OF CLERK FILED LODGED THIS SPACE IS FOR COURT USE ONLY</div>												
Name and address where notices should be sent: Discover Financial Services P.O. Box 8003 Hilliard, OH 43026														
Telephone Number: 800-347-5515														
Account number or other number by which creditor identifies debtor: 6011009650573806 Discover Card		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: <u> </u>												
1. Basis for Claim. <table><tr><td><input type="checkbox"/> Goods sold</td><td><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)</td></tr><tr><td><input type="checkbox"/> Services performed</td><td><input type="checkbox"/> Wages, salaries, and compensation (Fill out below)</td></tr><tr><td><input type="checkbox"/> Money loaned</td><td>Your SS #: <u> </u></td></tr><tr><td><input type="checkbox"/> Personal injury/wrongful death</td><td>Unpaid compensation for services performed</td></tr><tr><td><input type="checkbox"/> Taxes</td><td>from <u> </u> (date) to <u> </u> (date)</td></tr><tr><td><input checked="" type="checkbox"/> Other <u>Itemized statement attached.</u></td><td></td></tr></table>			<input type="checkbox"/> Goods sold	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)	<input type="checkbox"/> Services performed	<input type="checkbox"/> Wages, salaries, and compensation (Fill out below)	<input type="checkbox"/> Money loaned	Your SS #: <u> </u>	<input type="checkbox"/> Personal injury/wrongful death	Unpaid compensation for services performed	<input type="checkbox"/> Taxes	from <u> </u> (date) to <u> </u> (date)	<input checked="" type="checkbox"/> Other <u>Itemized statement attached.</u>	
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<input checked="" type="checkbox"/> Other <u>Itemized statement attached.</u>														
2. Date debt was incurred:		3. If court judgment, date obtained:												
4. Total Amount of Claim at Time Case Filed: \$ <u>1,799.11</u> <input type="checkbox"/> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest of other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or other charges.														
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other <u> </u> Value of Collateral: \$ <u> </u> Amount of arrearage and other charges at time case filed included in secured claim above, if any: \$ <u> </u>		6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority: \$ <u> </u> Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4300)*, earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507 (a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(4) <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507 (a)(7) <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. § 507 (a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(<u> </u>) <small>*Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>												
7. Credit: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY 124												
8. Supporting Documents: <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.														
9. Date-Stamped Copy: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.														
Date 12/4/99	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). Brenda Bowers <u>Brenda Bowers</u>													

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C §§ 152 and 3571

Original

TATYANA PANIOUCHKINE AND VLADIMIR PANIOUCHKINE
255 Bonny Dr
Twin Falls, ID 83301

Discover Card Account Number: 6011009650573806

STATEMENT DATE: 12/4/99

PREVIOUS BALANCE	\$	1,799.11
PAYMENTS AND CREDITS	\$	0.00
PURCHASES	\$	0.00
CASH ADVANCES	\$	0.00
POST PETITION PAYMENTS AND CREDITS	\$	0.00
BALANCE (as of Filing Date)	\$	1,799.11

POST PETITION PURCHASES	\$	0.00
POST PETITION CASH ADVANCES	\$	0.00
POST PETITION BALANCE	\$	0.00

STATEMENT SUMMARY

State of Delaware ,
)
County of New Castle)

ss

POWER OF ATTORNEY

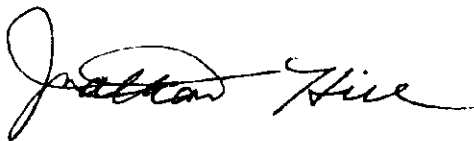
Greenwood Trust Company, a banking corporation organized and existing under the laws of the State of Delaware and having an office at 12 Read's Way, New Castle County, Delaware ("Principal"), constitutes and appoints the employees of the recovery center for Discover Financial Services, Inc. located in Hilliard, Ohio, its true and lawful attorneys-in-fact for the following purposes:

To assert on its behalf any claims in bankruptcy or in probate that it may have by reason of its having loaned money to a person who becomes a debtor or a decedent, and to sign on its behalf any documents necessary for the assertion, processing and filing of those claims.

To act on its behalf in retaining legal counsel to pursue any legal claims that it may have by reason of its having loaned money to persons who have not repaid it, and to sign on its behalf of any documents necessary for the assertion or pursuit of those claims.

Principal, through its executive committee, ratifies and confirms everything attorneys-in-fact may lawfully do in the mentioned matters by virtue of this instrument.

In witness whereof, principal has caused this instrument to be sealed with its corporate seal, duly attested by the signature of its president, J. Nathan Hill on April 7, 1999.

By 

J. Nathan Hill, President
Greenwood Trust Company

(SEAL)